

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23413**

1. Entity Name

BOCA RATON ASSOCIATES IV, LIMITED PARTNERSHIP

FILED

00 APR 10 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

329 PARK AVENUE
WOONSOCKET RI 02895

Mailing Address

600 CASS AVENUE
WOONSOCKET RI 02895-4727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

600 CASS AVENUE

Suite, Apt. #, etc.

City & State

WOONSOCKET, RI

City & State

4. FEI Number

05-0423305

Applied For

Not Applicable

Zip

Country

02895

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, JAMES J.
7777 W. GLADES RD.
SUITE 300
BOCA RATON, FL FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	BOUCHER, JOHN J.	329 PARK AVE.	WOONSOCKET RI
	MARTIN, ROBERT L.	329 PARK AVE.	WOONSOCKET RI

STREET ADDRESS	CITY - ST - ZIP

300003220083---1
-04/24/00--01040--004
****158.75 ****158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~~SIGNATURE REQUIRED~~

3/31/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #